

May 20, 2022

Known Issues List

The table below provides information related to known issues impacting Healthy Blue providers. This information will be updated **weekly on Fridays**. Continue to follow the existing process by contacting Healthy Blue Provider Services at **844-594-5072** or your Healthy Blue Network Relations consultant if you have questions or concerns related to the issues listed here.

Note: Claims related to any of the issues listed here that have already been appropriately rejected or denied will not change when the issue is resolved.

Provider type	Number of impacted providers	Category	Issue	Date issue identified	Number of days outstanding	Estimated fix date	Status	Resolution	Interest/ Penalties owed	Date resolved
Local health department (LHD)	35	Claims	Dental Codes D0145 and D1206 were not included on the LHD fee schedule and were causing denials.	04/19/22	21	05/13/22	Open	As of 4/19/22, the codes have been added to the LHD fee schedule retro'd back to 7/1/20. Health plan has initiated a global rework project for all impacted claims to be reprocessed.	No	

Note: EnrollSafe is a tool developed by Zelis Payments, an independent organization offering electronic funds transfer services for Healthy Blue providers on behalf of Blue Cross and Blue Shield of North Carolina.

<https://provider.healthybluenc.com>

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All specialities	490	Claims	Provider selection logic is causing claims to deny for participating providers that do not require authorization	04/19/22	21	05/20/22	Open	Claims rework in progress	Yes	
All specialities	55	Claims	Information released by DHHS on 4/8/22, requested all plans align their newborn processing guidelines. This update will change a manual process to SickBaby DRG claims (789-794) submitted w/out an authorization.	04/11/22	29	05/20/22	Open	Plan has identified 259 claims to be sent for review.	Yes	

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All specialties	Not applicable	Claims	Claims not following pay and chase for third-party liability when members under medical support enforcement.	04/06/22	34	05/30/22	Open	Received guidance from the state on 4/8/22, which included members identified as part of the medical support enforcement pay and chase processes for third party liability. Claims to be reprocessed by 5/7/22. Claims reprocessing still outstanding	No	
All	Varies – Dependent on the number of registries	EnrollSafe	Delays in provider registration or updating EFT information for EnrollSafe by Zelis. Providers are experiencing longer than normal delays related to additional implemented security measures to prevent cyberfraud.	03/24/22	47	05/30/22	Open	EnrollSafe continues to work on their backlog an security measures. The expected majority of backlog is expected to be cleared by 5/9/22. If a provider needs to be expedited, call EnrollSafe at 877-822-0384 or email support@payeehub.org.	N/A	

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All specialties	102	Claims	Claims submitted with unlisted procedure codes were denying incorrectly	03/22/22	49	05/30/22	Open	Process has been updated to ensure claims process accurately. ETA for reprocessing has been moved to 5/30/22, due to manual effort necessary	Yes	
Multiple specialties	136	Authorization and Claims	Physical Therapy/ Occupational Therapy and Speech Therapy services (Visits vs. Units) are receiving G-18-Procedure not reimbursable for specialty denials. This is due to system configuration for age. Ages 0-3 are mapping services to early childhood benefits that are unit-based and are causing issues as they are tied to authorizations set up as visits (encounters). Age 21 > are limited to	02/17/22	54	05/30/22	Open	Configuration was completed as of 4/5/22. Estimated completion date for Phase 1 claim rework is 5/30/22 (Claims were counting units instead of encounters thus causing an incorrect denial subtracting more than what it should have been). This will correct/release the excess auths used on the original claims that paid. Phase 2 is still pending. This phase for claims that have been denied due to auth	Yes	

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			combined 27 visits per year.					exceeded and will be reprocessed.		
FQHC and RHC providers	1,003	Claims	Code T1015 denied caused by provider selection logic	02/15/22	56	05/21/22	Open	Process implemented to stop claims prior to correct claims prior to denying in error. Continuous sweep in process to ensure claims that deny in error are corrected. Configuration review ongoing for individual providers to ensure proper payment long-term.	Yes	
LHD	74	Claims	Some LHD provider claims processed incorrectly due to the system selecting rendering taxonomy versus billing taxonomy.	01/06/22	96	05/30/22	Open	Configuration updated on 3/24 to ensure that LHD billing taxonomy 261QP0905X is always used to drive pricing (per the fee schedule) when present on the claim. Claims rework in Progress.	Yes	

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Audiology	46	Claims	Hearing aid claims are being denied because they are processing against the rendering taxonomy and instead should process against the billing taxonomy	02/16/22	55	05/26/22	Closed	Configuration has been completed. Claim rework has been completed as of 5/6/22	Yes	05/06/22
All specialities	94	Claims	Health plan received state clarification to ensure claims billed with revenue code 0250 and procedure code J3490 are not denied for a billing error.	02/14/22	57	05/05/22	Closed	Process updated to ensure proper adjudication of claims going forward. Claims rework in progress with estimated completion date of 5/5/22.	No	04/25/22
All specialities	750	Claims	Pharmacy team has confirmed that CPT® code 90744 is denying due to internal systems edits for members aged 2 and under.	02/16/22	55	05/01/22	Closed	Configuration updated to ensure minimum age is set to 0. Claims rework has been completed.	Yes	04/18/22

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Multiple specialities	92	Claims	Configuration completed to allow codes 99217-99220 to pay as they were originally denying as noncovered.	02/09/22	62	04/20/22	Closed	Configuration for codes 99217-99220 have been updated to reflect as covered as of 3/18/22. All impacted adjusted as of 4/10/22.	Yes	04/10/22
Personal care	94	Claims	Claims with CPT 99509 are denying. Ex denial code: G-18 not paid per contract. There was a delay in updates for the PCS fee schedule effective 1/1/22.	01/28/22	61	03/31/22	Closed	Fee schedule updated on 1/26/22. Claims rework completed for all impacted claims on 4/5/22.	No	04/05/22
Orthotics and prosthetics	94	Claims	Codes are currently paying on one side	11/30/2021	119	03/31/22	Closed	Configuration completed on 3/3/22, to ensure proper benefit limits for both LT/RT. Claims rework completed on 3/31/22.	Yes	03/31/22
All specialities	26	Claims	G2023 and place of service 71 were being denied as incorrect billing per CMS guidelines only place of service	02/10/22	47	03/27/22	Closed	Both configuration and global claims rework were completed on 3/27/22.	No	03/27/22

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			15 or 81 can be billed with this CPT for payment.							
Ambulatory surgical center – Dental	22	Claims	Professional dental claims splitting on one line causing underpayment due to reduced units.	01/14/22	75	03/27/22	Closed	Configuration completed on 3/27/22, to prevent claim lines from splitting. Global rework also completed on 3/27/22	Yes	03/27/22
Ambulance providers	92	Claims	Claims for ambulance services not paying per the public ambulance providers due to provider selection logic.	02/28/22	29	04/07/22	Closed	Both configuration and global claim rework have been completed.	Yes	03/23/22
Home health	15	Claims	System configuration was previously allowing code 99502 to incorrectly bill only up to 30 days for newborns. According to clinical policy 1M, a child is considered a newborn up to 60 days.	01/31/22	50		Closed	Configuration updates have been completed to adhere to clinical policy. All affected claims have been adjudicated.	No	03/11/22